

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |                  |
|--------------|------------------|
| Permit #:    | 21-0348          |
| Date:        | 9-21-21 10:19-21 |
| Amount Paid: | 175-9-28-21      |
| Refund:      |                  |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |  |        |   |                                |  |   |                                 |                                |
|--|--|--|--------|---|--------------------------------|--|---|---------------------------------|--------------------------------|
| TYPE OF PERMIT REQUESTED →   |  | <input checked="" type="checkbox"/> LAND USE |        | <input type="checkbox"/> SANITARY               | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE   | <input checked="" type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
| Owner's Name: Harry L. Thewlis                                       |  | Mailing Address: 28315 US Hwy 2              |        | City/State/Zip: Ashland, WI 54806               |                                | Telephone: 715-209-4984  |   |                                 |                                |
| Address of Property: 28315 US Hwy 2 Ashland, WI 54806                |  | City/State/Zip: Ashland, WI 54806            |        |   |                                | Cell Phone: 4984   |   |                                 |                                |
| Contractor:  |  | Contractor Phone:                            |        | Plumber:  |                                | Plumber Phone:   |   |                                 |                                |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  | Agent Phone:                                 |        | Agent Mailing Address (include City/State/Zip): |                                | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                 |                                |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement)       |        | Tax ID# 15539                                   |                                | Recorded Document: (Showing Ownership)<br>04-020-47-05-10-2 030006000                      |   |                                 |                                |
| 1/4, 1/4   |  | Gov't Lot                                    | Lot(s) | CSM   | Vol & Page                     | CSM Doc #  | Lot(s) #  | Block #                         | Subdivision:                   |
| Section 10, Township 47 N, Range 05 W                                |  | Town of: Elkton                              |        | Lot Size  |                                | Acreage 7.5  |   |                                 |                                |

|   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> Shoreland                | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →   | Distance Structure is from Shoreline : _____ feet |   |  |
| <input checked="" type="checkbox"/> Non-Shoreland |   |   |   |  |

|  |   |   |  |                                       |   |  |
|--|---|---|--|---------------------------------------|---|--|
| Value at Time of Completion<br>* include donated time & material | Project   | Project # of Stories                    | Project Foundation                                 | Total # of bedrooms on property       | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?      | Type of Water on property                |
| \$   | <input type="checkbox"/> New Construction           | <input type="checkbox"/> 1-Story        | <input type="checkbox"/> Basement                  | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration        | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Foundation     | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                 | <input type="checkbox"/> 2-Story        | <input type="checkbox"/> Slab                      | <input type="checkbox"/> 3            | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conventional          | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Relocate (existing bldg)   | <input type="checkbox"/>                | <input type="checkbox"/>                           | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |  |
|  | <input type="checkbox"/> Run a Business on Property |   | Use <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    |  |
|  | <input type="checkbox"/>                            |   | <input type="checkbox"/>                           | <input type="checkbox"/>              | <input type="checkbox"/> Compost Toilet   |  |
|  |   |   |  |                                       | <input type="checkbox"/> None   |  |

|  |         |        |         |
|--|---------|--------|---------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: | Width: | Height: |
| Proposed Construction: (overall dimensions)                                    | Length: | Width: | Height: |

|  |                                     |  |             |                |
|--|-------------------------------------|--|-------------|----------------|
| Proposed Use                             | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
| <input type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> | Principal Structure (first structure on property)  | ( X )       |                |
|  | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )       |                |
|  |                                     | with Loft  | ( X )       |                |
|  |                                     | with a Porch   | ( X )       |                |
|  |                                     | with (2nd) Porch   | ( X )       |                |
| <input type="checkbox"/> Commercial Use  |                                     | with a Deck  | ( X )       |                |
|  |                                     | with (2nd) Deck  | ( X )       |                |
|  |                                     | with Attached Garage   | ( X )       |                |
| <input type="checkbox"/> Municipal Use   | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|  | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                |
|  | <input type="checkbox"/>            | Addition/Alteration (explain) _____  | ( X )       |                |
|  | <input type="checkbox"/>            | Accessory Building (explain) _____   | ( X )       |                |
|  | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain) _____   | ( X )       |                |
|  | <input checked="" type="checkbox"/> | Special Use: (explain) Short Term Rental   | ( 29 X 35 ) | 1,015          |
|  | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
|  | Other: (explain) _____              | ( X )  |             |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 9-23-21

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:  
(2) Show / Indicate:  
(3) Show Location of (\*):  
(4) Show:  
(5) Show:  
(6) Show any (\*):  
(7) Show any (\*):

**Proposed Construction**  
**North (N) on Plot Plan**  
(\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road)  
**All Existing Structures** on your Property  
(\*) **Well (W)**; (\*) **Septic Tank (ST)**; (\*) **Drain Field (DF)**; (\*) **Holding Tank (HT)** and/or (\*) **Privy (P)**  
(\*) **Lake**; (\*) **River**; (\*) **Stream/Creek**; or (\*) **Pond**  
(\*) **Wetlands**; or (\*) **Slopes over 20%**

See ATTACHED

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

| Description  | Setback Measurements | Description   | Setback Measurements                                     |
|--|----------------------|---|--|
| Setback from the <b>Centerline of Platted Road</b>   | 129 Feet             | Setback from the <b>Lake</b> (ordinary high-water mark) | — Feet   |
| Setback from the <b>Established Right-of-Way</b>   | 48 Feet              | Setback from the <b>River, Stream, Creek</b>            | — Feet   |
|  |                      | Setback from the <b>Bank or Bluff</b>                   | — Feet   |
| Setback from the <b>North Lot Line</b>   | 48 Feet              |   |  |
| Setback from the <b>South Lot Line</b>   | 350 Feet             | Setback from <b>Wetland</b>                             | — Feet   |
| Setback from the <b>West Lot Line</b>  | 600 Feet             | <b>20% Slope Area on the property</b>                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the <b>East Lot Line</b>  | 80 Feet              | <b>Elevation of Floodplain</b>                          | — Feet   |
|  |                      |   |  |
| Setback to <b>Septic Tank or Holding Tank</b>  | 20 Feet              | Setback to <b>Well</b>                                  | — Feet   |
| Setback to <b>Drain Field</b>  | — Feet               |   |  |
| Setback to <b>Privy</b> (Portable, Composting)   | — Feet               |   |  |
| Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.   |                      |   |  |
| Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. |                      |   |  |

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|  |   |   |   |                          |
|--|---|---|---|--------------------------|
| <b>Issuance Information (County Use Only)</b>  |   | Sanitary Number: 700-1370   | # of bedrooms: 7  | Sanitary Date:           |
| Permit Denied (Date):  |   | Reason for Denial:  |   |                          |
| Permit #: 21-0348  |   | Permit Date: 10-19-21   |   |                          |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No          | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required       |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached       |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |   |   |                          |
| Granted by Variance (B.O.A.)   |   | Previously Granted by Variance (B.O.A.)                                     |   |                          |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |                          |
| Was Parcel Legally Created   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Were Property Lines Represented by Owner                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          |
| Was Proposed Building Site Delineated  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Existing                  | Was Property Surveyed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |
| Inspection Record:   |   |   | Zoning District (A-1)<br>Lakes Classification (P/A)                 |                          |
| Date of Inspection: 10/12/21   |   | Inspected by: [Signature]   |   | Date of Re-Inspection:   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)<br>– Must Contact Bayfield County Health Dept for Licensing<br>– Contact Town regarding room tax |   |   |   |                          |
| Signature of Inspector: [Signature]  |   |   | Date of Approval: 10/13/21  |                          |
| Hold For Sanitary: <input type="checkbox"/>  | Hold For TBA: <input type="checkbox"/>  | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/> |



# TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

ENTERED

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.org

Website:  
[www.bayfieldcounty.org/147](http://www.bayfieldcounty.org/147)

Date Zoning Received: (Stamp Here)

RECEIVED

SEP 27 2021

Bayfield Co.  
Planning and Zoning Agency

**Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a **Class A** special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Harry L. Thewiss Contractor \_\_\_\_\_  
Property Address 28215 US Hwy 2 Authorized Agent \_\_\_\_\_  
Ashland, WI. 54806 Agent's Telephone \_\_\_\_\_  
Telephone 715-209-4984 Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, Section 10, Township 47 N., Range 05 W. Town of Ellen

Govt. Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM# \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Tax I.D.# 15539 Acreage 4.8

Additional Legal Description: \_\_\_\_\_

Applicant: (State what you are asking for) Short term Rental Zoning District: A-1 Lakes Classification: D/N

We, the Town Board, **TOWN OF** ELLEN, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

\*\* THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**\*\* NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Signed:

Chairman: Tom

Supervisor: Alton L. Radzwick

Supervisor: Tony J. Hunk

Supervisor: \_\_\_\_\_

Clerk: \_\_\_\_\_

Date: 9-24-21

Revised: August 2018

u/forms/townboardrecommendation-ClassA



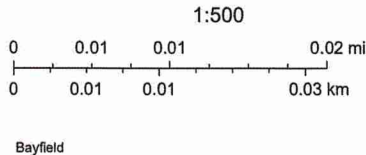


Short Term Rental



9/27/2021, 3:50:25 PM

- |                                      |                    |                |
|--------------------------------------|--------------------|----------------|
| Building Footprint Outline 2009-2015 | Section Lines      | Survey Maps    |
| Existing                             | Municipal Boundary | UnRecorded Map |
| Meander Lines                        | All Roads          | Driveways      |
| Approximate Parcel Boundary          | Federal            | Buildings      |





# Real Estate Bayfield County Property Listing

Today's Date: 9/27/2021

Property Status: Current

Created On: 3/15/2006 1:15:23 PM

## Description

Updated: 11/7/2017

**Tax ID:** 15539  
**PIN:** 04-020-2-47-05-10-2 03-000-60000  
**Legacy PIN:** 020102010000  
**Map ID:**  
**Municipality:** (020) TOWN OF EILEEN  
**STR:** S10 T47N R05W  
**Description:** E 1/2 SW NW S OF RR ROW LESS HWY 2 IN DOC 2017R- 570748 155  
**Recorded Acres:** 7.500  
**Calculated Acres:** 4.871  
**Lottery Claims:** 1  
**First Dollar:** Yes  
**Zoning:** (AG-1) Agricultural-1  
**ESN:** 113

## Tax Districts

Updated: 3/15/2006

1 STATE  
 04 COUNTY  
 020 TOWN OF EILEEN  
 020170 ASHLAND SCHOOL  
 001700 TECHNICAL COLLEGE

## Recorded Documents

Updated: 9/7/2017

### WARRANTY DEED

Date Recorded: 11/6/2017

2017R-570748

### PERSONAL REPRESENTATIVES DEED

Date Recorded: 9/5/2017

2017R-569859

## Ownership

Updated: 11/7/2017

**HARRY L THEWIS**

ASHLAND WI

### Billing Address:

**HARRY L THEWIS**

28315 US HWY 2  
 ASHLAND WI 54806

### Mailing Address:

**HARRY L THEWIS**

28315 US HWY 2  
 ASHLAND WI 54806



### Site Address \* indicates Private Road

28215 US HWY 2

ASHLAND 54806



### Property Assessment

Updated: 2/22/2021

#### 2021 Assessment Detail

| Code           | Acres | Land   | Imp.   |
|----------------|-------|--------|--------|
| G1-RESIDENTIAL | 7.500 | 14,100 | 65,300 |

#### 2-Year Comparison

|                  | 2020   | 2021   | Change |
|------------------|--------|--------|--------|
| <b>Land:</b>     | 14,100 | 14,100 | 0.0%   |
| <b>Improved:</b> | 62,900 | 65,300 | 3.8%   |
| <b>Total:</b>    | 77,000 | 79,400 | 3.1%   |



### Property History

N/A

*Anderson 5712-PLU 83 1636*  
*DeHart 2497-PLU 74 - Motel*  
*Anderson 5712-PS 83 41394 1636 Holding tank*  
*DeHart 700-PS 70 Sanitary*

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL (A) – (Twn of Eileen-9/27/2021  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0348** Issued To: **Harry Thewis**

**E ½ of the**

Location: **SW** ¼ of **NW** ¼ Section **10** Township **47** N. Range **5** W. Town of **Eileen**  
S of RR ROW Less Hwy 2 in Doc 2017R-570748

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Other:** **Short-Term Rental of Existing Structure (29' x 35') = 1,015 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Must Contact Bayfield County Health Dept for Licensing. Contact Town regarding Room Tax.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler, AZA**

Authorized Issuing Official

**October 21, 2021**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |                             |
|--------------|-----------------------------|
| Permit #:    | 21-0331                     |
| Date:        | 10-10-21                    |
| Amount Paid: | \$90.00 Cash<br>9/17/21 ROS |
| Other:       |                             |
| Refund:      |                             |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |                                   |                                |  |                                      |   |  |                |                |  |
|--|--|-----------------------------------|--------------------------------|--|--------------------------------------|---|--|----------------|----------------|--|
| TYPE OF PERMIT REQUESTED   | <input checked="" type="checkbox"/> LAND USE | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A.                 | <input type="checkbox"/> OTHER             |                |                |  |
| Owner's Name:  | Scott Hoffman                                |                                   | Mailing Address:               | 3130 Schase Ave                          |                                      | City/State/Zip:                                 | Milwaukee WI 53207                         | Telephone:     | (414) 769-0113 |  |
| Address of Property:   | 64185 Gilles Rd                              |                                   | City/State/Zip:                | Ashland WI 54806                         |                                      |   |  | Cell Phone:    | (414) 559-5168 |  |
| Email: (print clearly)   |  |                                   |                                |  |                                      |   |  |                |                |  |
| Contractor:  | self   |                                   | Contractor Phone:              | same                                     |                                      | Plumber:  |  | Plumber Phone: |                |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  |                                   | Agent Phone:                   |  |                                      | Agent Mailing Address (include City/State/Zip): | Written Authorization Required (for Agent) |                |                |  |
| PROJECT LOCATION   | Legal Description: (Use Tax Statement)       |                                   | Tax ID#                        | 16084                                    |                                      | Recorded Document: (Showing Ownership)          | 987 197                                    |                |                |  |
| SE 1/4, SE 1/4   | Gov't Lot                                    | Lot(s)                            | CSM                            | Vol & Page                               | CSM Doc #                            | Lot(s) #  | Block #                                    | Subdivision:   |                |  |
| Section 33   | Township 47                                  | N, Range 5                        | W                              | Town of:                                 | Silen                                |   | Lot Size                                   | Acreage        | 10             |  |

|   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> Shoreland                | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →   | Distance Structure is from Shoreline : _____ feet |   |  |

| Value at Time of Completion<br>* include donated time & material | Project  | Project # of Stories                               | Project Foundation                       | Total # of bedrooms on property       | What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?      | Type of Water on property                |
|--|--|--|--|---------------------------------------|---|--|
| \$30,000   | <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story                   | <input type="checkbox"/> Basement        | <input type="checkbox"/> 1            | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration         | <input checked="" type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation      | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story                   | <input checked="" type="checkbox"/> Slab | <input type="checkbox"/> 3            | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT                    | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/>                           | <input type="checkbox"/>                 | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/>                           | Use                                      | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    | <input type="checkbox"/>                 |
|  | <input type="checkbox"/>                             | <input type="checkbox"/>                           | <input type="checkbox"/> Year Round      | <input type="checkbox"/>              | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/>                 |
|  |  |  |  |                                       | <input type="checkbox"/> None   |  |

|  |             |            |             |
|--|-------------|------------|-------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length:     | Width:     | Height:     |
| Proposed Construction: (overall dimensions)                                    | Length: 48' | Width: 36' | Height: 16' |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )       |                |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )       |                |
|   |                                     | with Loft  | ( X )       |                |
|   |                                     | with a Porch   | ( X )       |                |
|   |                                     | with (2nd) Porch   | ( X )       |                |
| <input type="checkbox"/> Commercial Use             |                                     | with a Deck  | ( X )       |                |
|   |                                     | with (2nd) Deck  | ( X )       |                |
|   |                                     | with Attached Garage   | ( X )       |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                |
|   | <input type="checkbox"/>            | Addition/Alteration (explain) _____  | ( X )       |                |
|   | <input checked="" type="checkbox"/> | Accessory Building (explain) Garage + Storage  | ( 36 X 48 ) | 1728           |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )       |                |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Scott Hoffman  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 9/17/21

Authorized Agent: \_\_\_\_\_ (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit: \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL

See Map

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description  | Setback Measurements |      | Description                                      | Setback Measurements                                     |
|--|----------------------|------|--|--|
| Setback from the Centerline of Platted Road  |                      | Feet | Setback from the Lake (ordinary high-water mark) | Feet   |
| Setback from the Established Right-of-Way  | 200                  | Feet | Setback from the River, Stream, Creek            | Feet   |
|  |                      |      | Setback from the Bank or Bluff                   | Feet   |
| Setback from the North Lot Line  | 455                  | Feet |  |  |
| Setback from the South Lot Line  | 180                  | Feet | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line   | 362                  | Feet | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line   | 200                  | Feet | Elevation of Floodplain                          | Feet   |
|  |                      |      |  |  |
| Setback to Septic Tank or Holding Tank   | 100                  | Feet | Setback to Well                                  | Feet   |
| Setback to Drain Field   |                      | Feet |  |  |
| Setback to Privy (Portable, Composting)  |                      | Feet |  |  |
| Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.   |                      |      |  |  |
| Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. |                      |      |  |  |

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE(s):** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

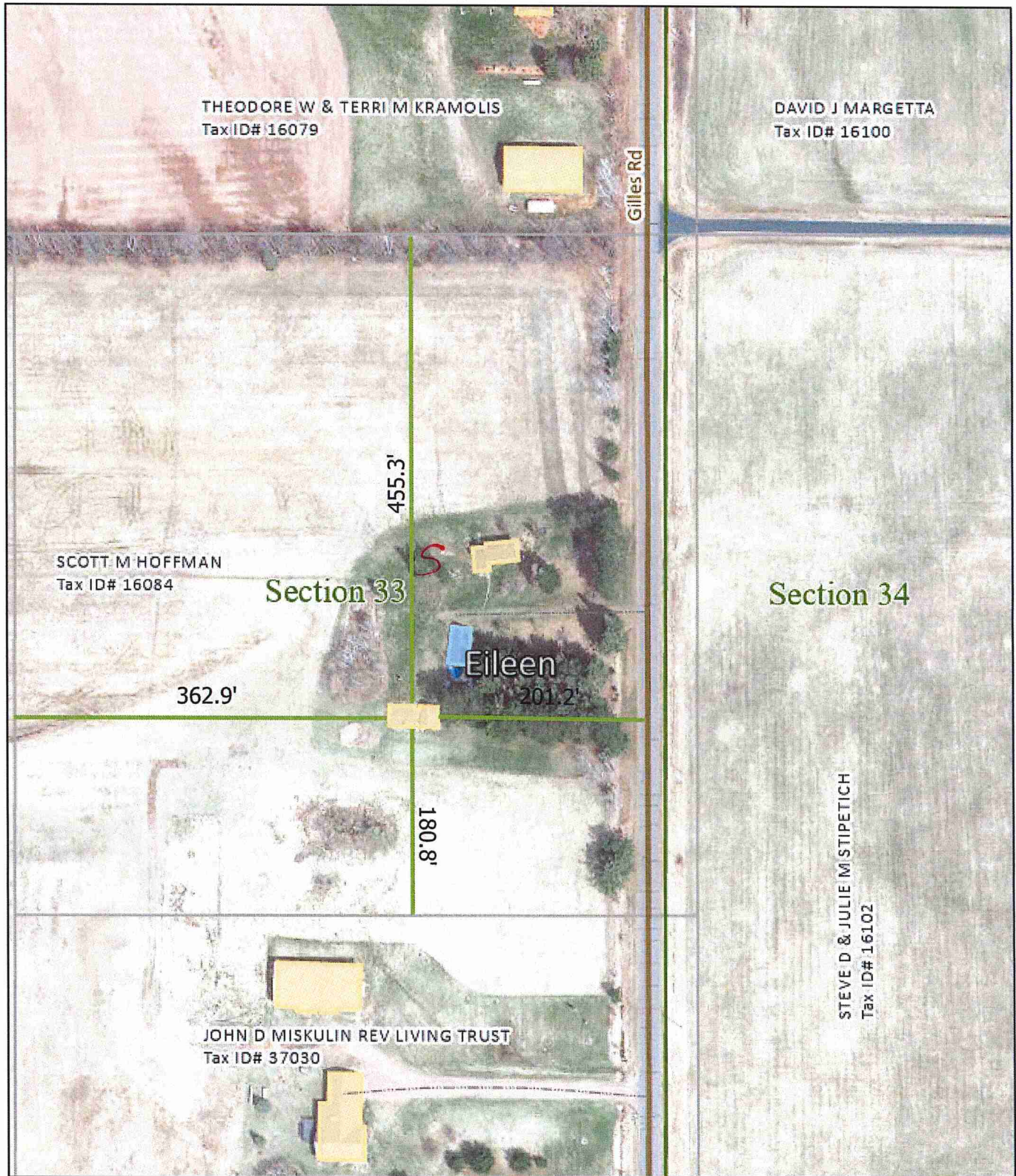
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|  |  |   |   |   |   |   |  |
|--|--|---|---|---|---|---|--|
| Issuance Information (County Use Only)   |  | Sanitary Number:  |   | # of bedrooms:  |   | Sanitary Date:  |  |
| Permit Denied (Date):  |  | Reason for Denial:  |   |   |   |   |  |
| Permit #: 21-0331  |  | Permit Date: 10-10-21   |   |   |   |   |  |
| Is Parcel a Sub-Standard Lot   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) | <input checked="" type="checkbox"/> No                              | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is Parcel in Common Ownership  | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))                               | <input checked="" type="checkbox"/> No                              | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is Structure Non-Conforming  | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No                              |   |   |   |   |  |
| Granted by Variance (B.O.A.)   |  |   | Previously Granted by Variance (B.O.A.)                                     |   |   |   |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:  |  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |   |   |  |
| Was Parcel Legally Created   |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner                                    |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| Was Proposed Building Site Delineated  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |  |
| Inspection Record: 10/6/21 Talked to OWNER - storage only - No H2O/septic at this time   |  |   |   |   |   | Zoning District (A-1)<br>Lakes Classification (N/A)                 |  |
| Date of Inspection: 10/5/21  |  | Inspected by: [Signature]   |   |   |   | Date of Re-Inspection:  |  |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)<br>- Build as proposed<br>- Not for Human Habitation or sleeping<br>- If pressurized water enters structure get required septic permits |  |   |   |   |   |   |  |
| Signature of Inspector: [Signature]  |  |   |   |   |   | Date of Approval: 10/6/21   |  |
| Hold For Sanitary: <input type="checkbox"/>  |  | Hold For TBA: <input type="checkbox"/>                              |   | Hold For Affidavit: <input type="checkbox"/>                        |   | Hold For Fees: <input type="checkbox"/>                             |  |

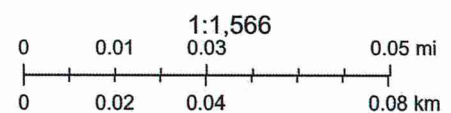


# Hoffman Pole Barn Setbacks



9/17/2021, 11:24:00 AM

- Building Footprint Outline 2009-2015
- Changed
  - Existing
  - Rivers
  - Meander Lines
  - Approximate Parcel Boundary
  - Section Lines
  - Municipal Boundary
  - All Roads
  - Town
  - Building Footprint 2009-2015
  - Changed



Bayfield



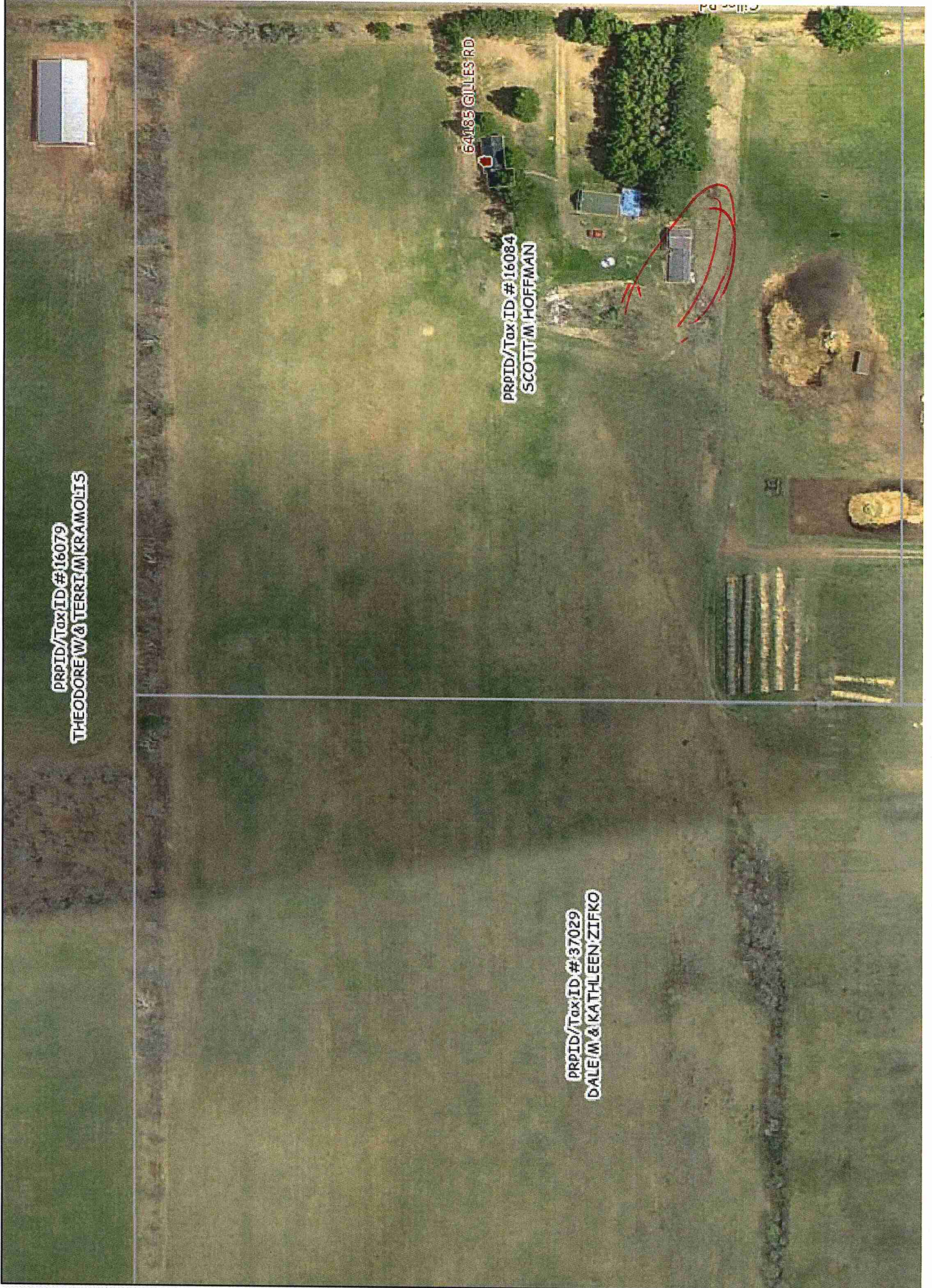
# Bayfield County, WI

PRPID/Tax ID #16079  
THEODORE W & TERRI M KRAMOLIS

PRPID/Tax ID #37029  
DALE M & KATHLEEN ZIFKO

PRPID/Tax ID #16084  
SCOTT M HOFFMAN

64185 GILLES RD





**Real Estate Bayfield County Property Listing****Today's Date:** 9/17/2021**Property Status:** Current**Created On:** 3/15/2006 1:15:24 PM**Description**

Updated: 7/16/2010

**Tax ID:** 16084  
**PIN:** 04-020-2-47-05-33-4 04-000-20000  
 Legacy PIN: 020107105990  
 Map ID:  
 Municipality: (020) TOWN OF EILEEN  
 STR: S33 T47N R05W  
 Description: NE 1/4 SE 1/4 SE 1/4 IN V.987 P.197  
 Recorded Acres: 10.000  
 Calculated Acres: 10.121  
 Lottery Claims: 0  
 First Dollar: Yes  
 Zoning: (AG-1) Agricultural-1  
 ESN: 113

**Tax Districts**

Updated: 3/15/2006

1 STATE  
 04 COUNTY  
 020 TOWN OF EILEEN  
 020170 ASHLAND SCHOOL  
 001700 TECHNICAL COLLEGE

**Recorded Documents**

Updated: 3/15/2006

**PERSONAL REPRESENTATIVES DEED**

Date Recorded: 1/9/2008 2008R-518462 987-197

**TERMINATION OF DECEDENT'S INTEREST**

Date Recorded: 1/9/2008 2008R-518461 987-194

**CONVERSION**

Date Recorded: 521-285

**WARRANTY DEED**

Date Recorded: 11/20/1990 389358 521-285

**Ownership**

Updated: 7/16/2010

**SCOTT M HOFFMAN**

MILWAUKEE WI

**Billing Address:**

**SCOTT M HOFFMAN**  
 3130 S CHASE AVE  
 MILWAUKEE WI 53207

**Mailing Address:**

**SCOTT M HOFFMAN**  
 3130 S CHASE AVE  
 MILWAUKEE WI 53207

**Site Address** \* indicates Private Road

64185 GILLES RD

ASHLAND 54806

**Property Assessment**

Updated: 4/10/2017

**2021 Assessment Detail**

| Code           | Acres | Land  | Imp.   |
|----------------|-------|-------|--------|
| G1-RESIDENTIAL | 1.000 | 5,900 | 37,300 |
| G5-UNDEVELOPED | 9.000 | 4,100 | 0      |

**2-Year Comparison**

|                  | 2020   | 2021   | Change |
|------------------|--------|--------|--------|
| <b>Land:</b>     | 10,000 | 10,000 | 0.0%   |
| <b>Improved:</b> | 37,300 | 37,300 | 0.0%   |
| <b>Total:</b>    | 47,300 | 47,300 | 0.0%   |

**Property History**

N/A

64185 Gilles Rd  
 Ashland WI 54806



Town, City, Village, State or Federal  
Permits May Also Be Required

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

No. **21-0331** Issued To: **Scott Hoffman**

**NE ¼ of the**

Location: **SE** ¼ of **SE** ¼ Section **33** Township **47** N. Range **5** W. Town of **Eileen**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential: [ 1.5- Story ]; Garage/Storage (36' x 48') = 1,728 sq. ft. Height of 16'**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Build as Proposed. Not for Human Habitation or Sleeping Purposes. If pressurized water enters structure get required septic permits.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler, AZA**

Authorized Issuing Official

**October 10, 2021**

Date